

THE MEDICAL NEWS AND LIBRARY.

VOL. XXIX.

DECEMBER, 1871.

No. 348.

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CLINICS.

CLINICAL LECTURE.

Abstract of a Clinical Lecture on a Case of Severe Injury to the Lower End of the Femur.

By PRESCOTT HEWETT, Esq., F.R.S., Surgeon to St. George's Hospital.

GENTLEMEN: The subject which I bring before your notice to-day is one of great interest, and one which may be to you, by and by, in practice of the utmost importance, and which might, in some measure, affect your reputation: I allude to the case of the girl in the Wellington Ward, in the third or fourth bed from the right. She was admitted into the hospital on the 21st September last, and, as it is now the 17th of October, she has been a month in the hospital. She was walking down a flight of stairs at the International Exhibition, and, while doing so, she caught her foot on the edge of a step and fell, sustaining, it was supposed, a fracture of the end of the femur. She wore high-heeled boots. I do not know how it

has happened, but there have been a great many accidents in the International Exhibition. I suppose they must have arisen partly from the height of the stairs, and partly from the height of the ladies' heels. Ladies are anxious to look tall, thinking that their appearance is improved, and therefore they wear high-heeled boots. Such accidents are not always, however, due to the high heels, for a lady whom I knew fell by tripping on the stairs at the Exhibition, and came down on the cheek-bone, breaking it, and having ecchymosis on the right side of the face for months afterwards. But the first thing to which I would call your attention in this case is the high heels of the boots. Ladies will, for the most part, wear them; but they could not do a worse thing, for their feet are placed in a difficult and most unnatural position. They are very tenacious about this fashion, but you must be as tenacious against it: the number of accidents in consequence is very great. To

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

■ In no case is this periodical sent unless the subscription is paid in advance.

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show you how very tenacious ladies are on this point, last year I was sent for to see a young lady in one of our London hotels. She wished to consult me about her foot. On seeing it, I thought its state depended upon her boots, and I asked to see them. The boots were brought in by the lady's maid, but the only thing I could observe about them was an immensely high heel. I said: "It is the high heel of your boots that causes the mischief, and unless you diminish this I can do nothing for you." She became quite angry, and said she could not alter them. "I cannot do it, and I will not." Suddenly again she toned down, and said: "Pray, sir, what would people say if they saw me walking about the park without high heels?" I said: "It is simply heels *versus* brains. If you have brains, you will cut off the heels; if you have no brains, you will continue to wear them." She fortunately had brains, cut off the heels, and her foot got quite well.

To return to our patient. On admission to the hospital, this girl was, as I said, supposed to have a fracture of the lower end of the femur, close to the joint, and the injury was all but compound. A long splint was applied, but it was very difficult to keep the fragments in their proper place; and, as the surrounding parts became very swollen and painful, the patient was put on an Earle's bedstead on the 26th, and then matters went on until I returned from my holiday, when I took charge of my patients on the 2d of October, and saw this girl, being told there was great difficulty in keeping the fragments in their proper position. On examining the leg, after taking off the short splints, I found that there was a large projection on the outside of the thigh-bone, due to the upper piece of the bone pressing against the skin. And now a closer examination of the parts led me to think that, after all, the case was perhaps one of separation of the epiphysis, and not a fracture. The injury is close to the knee-joint. The bone projecting is certainly not more than an inch above the condyle; the fragment, instead of being sharp, is obtuse; in addition to which we have the age of the girl, 17, and the nature of the

accident. This case is, then, I think, one of separation of the epiphysis of the femur.

Severe injuries of the lower end of the femur may be of two kinds—a fracture close to the knee-joint, and a separation of the epiphysis; the former is by far the more common form of the injury—the latter being, indeed, rarely met with in adults. It is but a few years ago that we were first quite clear as to what happens in the separation of the epiphyses, and all the cases published then were cases of children. I presume that you know we have a line of cartilage at the lower epiphysis of the femur. So long as this exists, so long may a separation take place. The question then arises, At what time of life does this piece of cartilage disappear and the condyles become joined to the shaft? The age varies in different individuals. The cartilage sometimes exists up to the age of 25 years. You will find in most of the authors no allusion made to the possibility of this accident from 18 to 25: it is only mentioned in a very casual manner that this does not take place after 14 or 16. However, I have had several cases at a later age than that. [Here Mr. Hewett showed a specimen in which there was a separation of the epiphysis at the age of 18.] You see the condyle completely torn off; it happened when I was assistant-surgeon. You will find a very accurate history of this case in the Catalogue of our Museum, vol. i. p. 137. There was also in this case a separation of the epiphysis of the tibia and lower end of the fibula. The limb, from the knee downwards, was icy cold, and there was great swelling about the ankle. Mr. Cæsar Hawkins, under whose care the patient was, amputated the thigh. On dissecting the knee-joint, all the deformity was found to depend upon a separation of the epiphysis, and the coldness of the joint upon an injury to the popliteal artery. The case in the hospital now reminds me very strongly of Mr. Hawkins's case. Now this case is one which might in a country village lead you into great trouble. You may depend upon it that, if such a case as this unluckily fell into your hands when you were begin-

ning practice, it would be said that you did not know your business or you could make it all right. In a separation of the epiphysis what happens is this: the cartilage is torn from the bone in some parts, and in others the bone itself gives way, so that there is a very irregular jagged surface. To readapt such surface is a very difficult matter. You may bring one part into the proper place but not another, and such is the case with this girl. If a dissection were made, you would probably find such to be the condition of the parts.

I have shown you a specimen of separation of the epiphysis from our museum at 18 years of age. There is another such at 17, and two at 16, and all these histories are fully detailed in the Catalogue; and there might be separation of the epiphysis at a later age even than 18. Always bear in mind that such may possibly happen, but very rarely, it is true, till the age of 25.

[Mr. Hewitt then dwelt on fracture, properly so called, of the lower end of the femur, narrating some interesting cases, and exhibiting a number of specimens involving the condyles from the museum. He then proceeded.]

Having made out what is the nature of the accident in this girl, I must make some mention of the plan of treatment. In the present day, we for the most part use the long splint in cases of fracture about the lower end of the femur. When this girl came in, the long splint was applied; but Mr. Rouse, after two or three days' trial with this splint, resorted to the inclined plane. The first was Earle's bedstead; and then, finding that this did not answer, I ordered a common inclined plane, since which the parts have been kept in much better apposition, and she now finds herself much more comfortable. In addition to the inclined plane on which the limb rests, we have short splints on the outer, inner, and upper parts. I have been very careful to tell the girl that she will have some deformity about the thigh, although it will not interfere with her walking. And when you have a case of this kind to deal with, gentlemen, and you see that there must be some deformity, you will find it wisest to tell your patient and friends that

such must be the case.—*Brit. Med. Journ.*, Nov. 4, 1871.

HOSPITAL NOTES AND GLEANINGS.

Removal of a Fungoid Tumour in the Upper Arm.—Sir Wm. FERGUSON on Oct. 14, removed a large fungous mass, of about the size of a cocoa-nut, situated near the shoulder of a sickly-looking man, aged 34. The knife was swept around the tumour, and the bulk of it removed; but it required very careful dissection for ten or fifteen minutes to separate its connection with the biceps and other structures about the joint. After a few arteries of no great magnitude had been tied, and others pinched, the wound was closed, and the patient removed to bed. Sir William Fergusson then made the following remarks:—

This is a case, gentlemen, peculiar in a variety of aspects. This patient was born with certain tumours upon him; and at that time he was seen by some of the first men in the profession in England, who all doubted the propriety of interference, because they were uncertain as to the character of the tumours. There was one particularly near the left eye, and another under the clavicle, and both of such magnitude that the patient was looked upon as one not likely to live long. But the child lived to boyhood, and the boy grew up to manhood; and twelve years ago he came under my notice. I decided as to the character of both the tumours; and both were removed with facility, and without subsequent evil. He had then a number of molluscous tumours about him, but these were not meddled with. One of them, on his arm, however, increased so much in size that it was removed five months ago. It was of the size of a walnut. The disease returned in the cicatrix, and has in that brief time—since May last—grown to the size you saw. I had the privilege of seeing him last week, as I took a special interest in the case, and considered that the disease was likely to prove serious. It would have been a pity to have subjected him to amputation of the whole arm, because it was perfectly healthy save this fungoid tumour. It struck me that the tumour

might be removed; and I gave that advice, and was prepared to operate. But I was also prepared to amputate if necessary—if the tumour involved the other tissues in the neighbourhood. I had doubt about it, and thought that it certainly did involve the biceps. I could scarcely think that it involved the brachial artery and nerves: if it did, amputation was the only resource. Now, on proceeding with the dissection, it did not give much promise at first; but the biceps muscle I recognized early in the operation, and saw that the tumour was attached to the outer and back part of it, and that I could save a large proportion of the muscle. I cut through its aponeurosis; and then a careful dissection enabled me to take out the larger portion of the tumour. It then became apparent that the deeper part of the tumour was to the outer side of the brachial artery and nerves, and so I proceeded with much more freedom. Looking at the health of the patient, I may say that the prospects are not specially good; but yet there is the arm now without an unsound tissue upon it, and without any structure of importance taken away. Even supposing this to be a malignant tumour, amputation itself would have afforded, perhaps, no better prospect than the partial removal which you have now seen.—*British Med. Journ.*, Oct. 28, 1871.

A Record of Cases of Cancer of the Breast.—The following record of ten cases of malignant disease of the female mamma have been operated upon eleven times at the Bradford Infirmary, England, within about twelve months; two died of the operation; three have died since, one of return of the disease locally, and two from constitutional return (of these one in the liver and one in the lung); in two more the disease has recurred locally; and in three there has been no recurrence of the disease up to the present time. In the cases of the last three patients, the longest interval between the date of operation and the present time is nine months; in another the interval is five months; and in the last the interval is three months. The

disease has recurred in *every one* of the cases in which the axillary glands were involved at the time of the operation.

Dr. Rabagliati observes that it is not easy to understand how the above results are to be reconciled with the local theory of origin of the disease, which Mr. Campbell De Morgan advocates. Although some fair objections are urged by that writer against the other, or constitutional, theory of origin, chiefly as to the difficulty of understanding how the blood of patients suffering from cancer can eliminate locally the *materies morbi* it contains, he thinks it must be admitted that the weight of evidence is against that view. It is in particular difficult, if not impossible, he says, to reconcile with it the recurrence of the disease, either (1) locally; or, still more so (2), constitutionally or internally, as occurred in case 4 of this series, in which it is specially to be observed there was no glandular involvement at the time of operation, and no evidence, therefore, of affection of the constitution at that time. Yet the *materies morbi* must have been in the blood; or, if this be objected to, at any rate the blood must have been infected, and the constitution must have had quite ineradicable tendencies to the disease. When to these arguments is added the consideration that cancer can frequently be shown to be a disease transmitted hereditarily, the difficulties of maintaining the local theory of its origin are, Dr. Rabagliati adds, immensely, if not quite insuperably, increased.—*Lancet*, Sept. 12, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—It is stated (*The Clinic*, Oct. 28, 1871) that in a case of old dislocation of the elbow, chloroform was given to secure relaxation. After it was administered for five minutes, the desired effect being obtained, it was withdrawn. Suddenly it was noticed that the pulse began to flag. The extremities became cold, respiration was gasping, and soon ceased altogether. Dr. Muscroft [of Cincinnati], the operating surgeon, re-

sorted to artificial respiration and acupuncture of the heart without avail.

Smallpox in Philadelphia.—The smallpox epidemic which prevailed so extensively last year in London, and the previous year in Paris, has extended to this country, and is prevailing to a greater or less extent in New York and Philadelphia.

The following table shows the number of deaths each week from the disease in Philadelphia since Sept. 2, 1871:—

Week ending September 2	0
" "	9
" "	16
" "	23
" "	30
" October 7	23
" "	14
" "	21
" "	28
" November 4	95
" "	11
" "	18
" "	25
	153

United States Navy.—Dr. W. MAXWELL Wood, who for the past two years, as chief of the Bureau of Medicine and Surgery, U.S.N., has conducted that office most acceptably, and with great ability, has been relieved on account of length of service, and been appointed Inspector of Fleets and Hospitals.

Dr. JONATHAN M. FOLTZ has been appointed chief of the Bureau of Medicine and Surgery, U.S.N.

The high character of this officer, and his well-known ability, afford sufficient guarantee that he will maintain the efficiency of the department, and uphold the rights of naval surgeons to a proper recognition of the valuable services which they are required to perform.

Medical Relief Committee of Chicago.—It appears that the medical profession of Chicago have been severe sufferers by the late conflagration in that city, many of them losing their entire libraries and surgical instruments. They have just claims upon their professional brethren for contributions for the repair of their losses,

and we take pleasure in giving place to the following announcement:—

At a meeting of physicians held on the 17th October, of which Dr. N. S. Davis was made chairman, the announcement having been made that communications had been received from prominent physicians of other cities, to the effect that contributions, for the relief of the suffering members of the profession here, are now awaiting the order of responsible parties to receive and disburse them, the following gentlemen were appointed a permanent relief committee: Drs. N. S. Davis, DeLaskie Miller, Ernst Schmidt, T. D. Fitch, and Walter Hay; and the following resolutions were adopted:—

Resolved, That the committee just chosen is hereby authorized to receive all donations for the relief of the respectable physicians who are sufferers by the late fire, distribute the same at their discretion, and render a strict account, with vouchers, to any future meeting, which may be called by the chairman, to consider the same.

Resolved, That this meeting tender the cordial and heartfelt thanks of the profession of this city to their brethren in other and distant cities, for the prompt and liberal offers of assistance to the many among us who have lost, by the late terrible fire, not only their homes, clothes, books, and instruments, but their practice, and pledge a just use of whatever is given.

Contributions may be forwarded at once by express, or draft on New York, to Walter Hay, M.D., Secretary Medical Relief Committee, No. 384 Michigan Avenue.

Donations from publishing houses, instrument makers, and physicians, of books, instruments, or apparatus, will be gratefully received, as many of our professional brethren have saved only their lives.

Rush Medical College, Chicago.—The resident Alumni of Rush Medical College, at a meeting held at the house of E. Ingals, M.D., on October 17, 1871, appointed the following Executive Committee, to present an appeal to the Alumni and friends of the College, for aid to rebuild and refurnish the College Building, viz.: Drs. T. D. Fitch, Chairman; H. A. Johnson, V. L. Hurlbut, C. T. Parkes, Ben. C. Miller, and F. A.

Emmons. This committee has issued the following appeal, which we take pleasure in laying before the medical profession, in the hope of aiding the laudable object in view:—

“ This College is among the oldest institutions of learning in the Northwest, having been in operation since 1842, at which time the region now tributary to Chicago was but sparsely populated, and had little wealth. During this time it has supplied a pressing need of this new country. It has educated a large number of young men, who are scattered through our whole country, worthily filling places of great usefulness and responsibility; and for this both themselves and the public are indebted, in a great measure, to the school in which they received their instruction. A large proportion of its students have been possessed of little save youth, hope, intelligence, and determination. Many of these, having been generously aided by the College, have taken rank among the most substantial members of the profession. The Faculty at all times, since its organization, has been moved by an earnest desire to promote the best interests of the profession and the College. For this its members have laboured faithfully and earnestly; they have met the pecuniary burden of the school from its first foundation, and four years since they erected from their own resources, at an expense of \$70,000, the most ample and best appointed college building on this continent, and filled it with every necessary appliance for successful teaching, and the influence and usefulness of the school have steadily increased from year to year. But in a day the college building, with all its contents, was swept away, along with a large part of the city, in which it stood a peer among many other noble institutions of learning. The pecuniary loss of the Faculty, in the destruction of the College, is light when weighed against others they have sustained. A number have lost everything, and all have suffered much. The college must be rebuilt. Its past history, its future promise for good, demand no less. Under the circumstances, it is unreasonable to expect the Faculty to do this un-

sided. The College is now in a condition to justify an appeal to its Alumni, and to society, for some return for the favours it has conferred upon both. There is, perhaps, no field of benevolence that offers a richer return than to provide adequate and easy opportunities for instruction to those who desire to become learned in the best means for assuaging pain and healing the sick.

“ All donations may be remitted to Chas. T. Parkes, M.D., 462 Elston Av., Chicago, who has been elected treasurer for the fund. They will be thankfully acknowledged, and devoted to the re-building of the college.”

The trustees of the College make the following offer, which, we regret to say, we cannot commend as tending either to maintain the dignity or uphold the honour of the profession:—

“ For every donation of five hundred dollars the trustees will establish a perpetual free scholarship, which shall bear the name of the donor, and which shall be conspicuously emblazoned on the wall of the lecture-room. A certificate of this scholarship, engrossed on parchment, will be issued to the donor; which certificate shall secure to the bearer free tuition, and, when found qualified, free graduation. This certificate shall be perpetual in its operation; and thus the donor will have endowed for one student each year a Free Medical College.”

Mr. Erichsen's Claim.—Some of our contemporaries have been led to reprint a curious statement that the United States is virtually the debtor to Mr. Erichsen, the distinguished London surgeon, for about £3000, the amount of profit that he would have derived from the sale of 5370 copies of his “Science and Art of Surgery,” supposed to have been used by the medical staff of the army during the war, had our government purchased the English edition instead of the American reprint. A claim for this, it seems, was presented by Mr. Erichsen, but not replied to.

It is true that after the war there was published an abstract of supplies issued by the Surgical Bureau, in which Mr. Erichsen's book figures to the extent of

5370 copies; but a careless reading of this statement was calculated to lead to a very erroneous inference, as it was made up from the aggregate of seven dépôts, which frequently transferred stores from one to another. It made *no pretence of being practically correct*. In the same table "Bumstead on Venereal" was set down for 7317 copies, when only 578 copies were actually purchased by the government. Besides this, the records of all the systematic works on surgery were kept together, and printed under the name of the book which *happened to come first* on the list, and this chanced to be Erichsen's; while there were on the "supply table" number of others, such as Gross's, Druitt's, Smith's, and Malgaigne's, all of which were used; the aggregate of the whole being summed up under the name of Erichsen.

Large as is the profit claimed by Mr. Erichsen, amounting in currency, at the rates of exchange current during the war, to about \$6 per copy, the government perhaps could afford to pay him for what it actually used, as the English edition of the book would have cost at that time some \$10 to \$15 per copy to import, without duties; while the American edition, in the same style of binding, was supplied at about \$4 50.

We happen to know, further, that every American edition of Erichsen's Surgery has been issued under an arrangement with the London publisher.

The Physician's Visiting List for 1872.—This work, which has now been before the profession for twenty years, is so well known, and its convenience appreciated, that it is only necessary to announce its publication by Messrs. Lindsay & Blakiston.

FOREIGN INTELLIGENCE.

Chloral in Cholera.—During the epidemic which has recently prevailed at Riga, Dr. von REICHARD has had recourse to chloral, administering it according to the following indications: "1. To relieve the cramps at the commencement. 2. To assuage the precordial suffering which is so distressing during the latter stages. 3. To arrest vomiting. 4. To

procure the sleep so urgently demanded by the patients. Not only were these indications fulfilled, but the success obtained from the medicine surpassed all expectation. In one case in which the ordinary treatment had been pursued, and the patient seemed as if he had only a few hours to live, a drachm of chloral was given him in four times the quantity of water, so that a strong sense of burning was felt while swallowing it. In two minutes sleep had commenced, and, troubled at first, it became calm and lasted three hours. Respiration became easier, the warmth and turgescence of the surface reappeared, the cholera *facies* disappeared, and the pulse diminished from 130 to 90. The vomiting and stools ceased, and, in fact, a true resurrection was effected, the patient rapidly recovering. M. Blumenthal, also of Riga, has employed it successfully in two bad cases, giving the chloral in doses of a drachm, which were repeated two or three times within the hour.—*Medical Times and Gazette*, Oct. 28, 1871, from *L'Union Méd.*, Oct. 17.

Chloral in Toothache.—Dr. DAVID PAGE states (*Brit. Med. Journ.*, Sept. 2, 1871) that he has been for some time in the habit of using *chloral hydrate*, not only as an internal sedative in cases of severe dental neuralgia and of caries where it was at the time inadvisable to permit extraction, but more frequently as a direct local application to the carious tooth. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill, speedily dissolve there; and in the course of a few minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to if necessary. The hours of agony that various circumstances may otherwise entail, are in this way avoided; and in the last instance under my notice, a young lady in a delicate state of health, suffering intensely from a carious tooth, received immediate relief from this application.

Condurango.—We have received from Mr. DAVIDSON, the house-surgeon of the

Middlesex Hospital, a short paper on the treatment of cancer by the internal administration of the decoction of condurango. The results plainly show that condurango is as futile as any of the cancer cures which have preceded it. It was used in four cases—(1) in an ulcerated epithelioma of the roof of the mouth; (2) in primary cancer of the penis, and secondary injection of the lymphatic glands in both groins; (3) in an ulcerated epithelioma of the scrotum; (4) in an ulcerated scirrhus of the female breast. In all of these cases the condurango had positively *no effect* upon the progress of the disease.—*Lancet*, Oct. 28, 1871.

MR. HULKE adds (*Med. Times and Gaz.*, Nov. 4, 1871), "as a reputed remedy for cancer, condurango is, in my opinion, perfectly inert and useless."

Strychnia in Albuminuria.—BRIGNOLI, in *Lo Sperimentale*, besides recommending *nux vomica* in various neuroses, *gastralgia*, *dyspepsia*, *cardiac palpitations*, *periodic cough*, etc., states that he has observed it to have a marked effect in retarding the progress of albuminuria, especially the *scarlatinal* form with *anasarca*. He cites twelve cases of complete recovery.—*British Med. Journ.*, Oct. 28, 1871.

Vomiting of Pregnancy.—DR. HUBERT, in a memoir read before the Medical Society of Lyons (*Lyon Médical*, 15th Oct. 1871, p. 467), produces evidence to show that in some cases the symptom depends upon displacement and movements of the uterus, and that it may be arrested by the immobilization of the uterus by suitable bandages and the use of Hodge's or Zwanke's pessary.—*British Med. Journ.*, Oct. 28, 1871.

Extirpation of the Entire Parotid.—In the *Deutsche Klinik*, 1871, No. 37, is given a detailed translation from the *Sperimentale* of the total extirpation of the parotid, by Prof. MARCAUCI, of Siena, the divided carotid at its temporal end, and several other vessels, being tied during the operation. The ligature around the carotid only came away three months after the operation, but the wound had cicatrized,

with the exception of the aperture for this, long before.—*Med. Times and Gaz.*, Nov. 11, 1871.

Pessary for Offensive Uterine Discharge.—We understand that Dr. JOHN DAY, of Geelong, has recently been using with great advantage a new kind of pessary as a means of removing the offensive odour given off in certain uterine diseases, as cancer, etc. These pessaries are made by gently melting *cocoa butter*, and then adding to it *ozonic ether* in the proportion of a drachm of the latter to an ounce of the former. The addition of about one-eighth part of *white wax* will give greater solidity to the mass, and in hot weather seems an improvement. Each pessary should weigh about a drachm and a half. The mass thus prepared retains its active agent, the *peroxide of hydrogen*, for a month or longer, as may be readily proved by scraping a few fine shavings from a pessary on a drop of blood or pus lying on a piece of white paper, then folding the paper, and holding it between the forefinger and thumb for a minute or two, so as to dissolve the *cocoa butter*, and lastly adding a drop of tincture of *guaiacum* (oxidized if pus is used), when a blue reaction will at once take place.—*Med. Times and Gaz.*, Nov. 4, 1871.

Connection of Various Diseases.—*Variola*.—The Vienna correspondent of the *Lancet* states that Prof. HUBER recently made two most interesting and practical remarks on the connection of various diseases. Firstly, he stated that about 90 per cent. of the parents of pruriginous children die of *phthisis*; and, secondly, that it is very common for women who have long suffered from *ezzema* of the head to become the subjects of cancer later in life.

A considerable number of cases of *smallpox* are now under treatment, two of which seem likely to end fatally. The Professor believes in no treatment beyond good food and air, and considers medicine even injurious, as irritating the pustules developed on the mucous membrane of the mouth. This is in marked contrast to the views of Dr. Monti, of the Chil-

dren's Hospital, who has recently been treating very successfully all his smallpox cases with small internal doses of carbolic acid.

I may add that Professor Hebra stoutly denies any essential difference between the contagion of variola and varicella, having seen formidable outbreaks of the graver malady produced by the introduction of a solitary example of the lighter and so-called distinct disease.—*Lancet*, Nov. 4, 1871.

Preservation of Vaccine Lymph.—We would call especial attention to the remarkable success which has attended Müller's employment of glycerine for the prolonged preservation of vaccine lymph. During an epidemic visitation of variola, much of the inconvenience arising from the short supply of reliable lymph might be obviated by the adoption of Müller's plan.

In a recent communication upon the subject (*Berlin K. Woch.*, September 25), Dr. Müller points out that the purity of the glycerine employed is of great importance; and that those practitioners who have complained that the preservative power is only of short duration, have probably employed an impure article. In his hands, lymph, after being kept two years, has produced normal pocks; and in this way he has been able to store up, in the Berlin Vaccine Establishment, of which he is director, supplies of reliable lymph sufficient for vaccinating thousands of subjects. The demand made for the German soldiers and the French prisoners during the late war could never have been supplied by the means ordinarily in use. Besides this valuable preservative power, Dr. Müller considers that glycerine facilitates the operation of vaccination, dilution of the lymph by its aid producing a far more efficacious, and much more intimate and easily employed, mixture than when water is employed for this purpose. Nay, according to his own experience and that of many official vaccinators, glycerine lymph acts more certainly and more completely than when unmixed fresh lymph is employed. This, he supposes, may arise from the coagulability of the blood being diminished by contact with the

glycerine, and the lymph thus rendered more easily absorbable.

In mixing glycerine with lymph, an equal portion of distilled water has to be added; but when the lymph has to be preserved for a long period, it may be mixed with the undiluted glycerine, as this will probably preserve it still longer from decomposition, and the water may be then added when the lymph is employed. Dr. Müller, however, in his trials, has not perceived any difference in the lymph treated in these two different ways.—*Medical Times and Gazette*, Oct. 21, 1871.

Eucalyptus Globulus.—This tree is being largely cultivated in the south of France, Spain, Algiers, and Corsica. It is a native of Tasmania, where it was of old known to the natives and settlers as a remedy for fever. It prefers a marshy soil, in which it grows to a gigantic height with great rapidity. It dries the soil by the evaporation from its leaves, and shelters it from the sun, thus preventing the generation of marsh miasm. Its wood is as hard as teak. Every part of it is impregnated with a balsamic, oil-of-camphor-like odor; and besides a notable quantity of astringent matter, it contains a peculiar extractive, which is supposed to contain an alkaloid allied to quinia. At any rate, its efficacy in intermittent and marsh fevers has gained for it in Spain the name of the "fever tree." It is a powerful tonic and diffusible stimulant, does wonders in chronic catarrh and dyspepsia, is an excellent antiseptic application to wounds, and tans the skins of dead animals, giving the fragrance of Russia leather. We can vouch from personal observation for the flourishing condition of the plantations at Hyères and Nice, where trees from seeds sown in 1859 are said to be now sixty metres high.—*Med. Times and Gaz.* Nov. 11, 1871.

English Medical Students.—It is stated (*Med. Times and Gaz.*, Nov. 4, 1871) that the total number of registered students now pursuing their professional studies in London is 1491, in the provincial schools 368, making a grand total of 1859.

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